

	Secretary of State Statement of Information 146 (Limited Liability Company)	LLC-12
	IMPORTANT — Read instructions before completing this form. Filing Fee — \$20.00 Copy Fees — First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees	

FILED
 Secretary of State
 State of California

JAN 09 2018

26.50/20/CC

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1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.) Mirror Releasing, LLC	
2. 12-Digit Secretary of State File Number 201730510422	3. State, Foreign Country or Place of Organization (only if formed outside of California) Delaware

4. Business Addresses			
a. Street Address of Principal Office - Do not list a P.O. Box 812 North Robertson Boulevard	City (no abbreviations) West Hollywood	State CA	Zip Code 90069
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

5. Manager(s) or Member(s)
 If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete items 5a and 5c (leave item 5b blank). If the manager/member is an entity, complete items 5b and 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete item 5b SEE ATTACHMENT	Middle Name	Last Name	Suffix
b. Entity Name - Do not complete item 5a			
c. Address	City (no abbreviations)	State	Zip Code

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Vanessa	Middle Name	Last Name Fung	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 812 North Robertson Boulevard	City (no abbreviations) West Hollywood	State CA	Zip Code 90069

CORPORATION - Complete item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company Film distribution
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8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

9. The information contained herein, including any attachments, is true and correct.

1/9/18
Date

Eileen Kang
Type or Print Name of Person Completing the Form

Authorized Person
Title

Eileen Kang
Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Company:

Address:

City/State/Zip:

LLC-12 (REV 01/2017)

2017 California Secretary of State
 www.sos.ca.gov/business/be

18-300688

ATTACHMENT TO STATEMENT OF INFORMATION
MIRROR RELEASING, LLC
CA SOS FILE NO. 201730510422

5. Name and Address of Manager(s) or Members(s)

Margaret Ellison

Address:

812 North Robertson Boulevard
West Hollywood, CA 90069

Gary Barber

Address:

245 North Beverly Drive
Beverly Hills, CA 90210